

**REVOCATION OF POWER OF
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 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number 09/183267
 Filing Date OCT 30, 1998
 First Named Inventor Guarnieri
 Art Unit 1631
 Examiner Name Borin
 Attorney Docket Number 131817 00301

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number

21269

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

H. Joseph Rector, Ph.D. Chairman and Chief Executive Officer

Date

October 30, 2007

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ *Total of _____ forms are submitted.

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